PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applica Filed: For:	re application of: Ernesto DURAN LOPEZ ation No.: 10/555,659 December 19, 2006 INTERMEDIATE COMPOUND WHICH IS OF PIOGLITAZONE atent No.:	Group No.: Examiner:	1625 Binta M. Robinson THE PREPARATION	
	Insert name(s) of inventor(s) and title also for patent Where fee payment, also insert application number and filing date	e, and add Box M. F	Fee to address.	
STAT	EMENT CLAIMING SMALL ENTITY STAT	TUS (37 CFR 1	.9(c-f) and 1.27(b-d))	
With respect to the invention described in [] the specification filed herewith. [X] application no. 10/555,659 , filed 12/19/2006				
I.	IDENTIFICATION AND RIGHTS AS A SM	ALL ENTITY		
I hereby state that I am (complete either (a), (b), (c) or (d) below)				
(a)	Independent Inventor [] a below named independent independent inventor, as define paying reduced fees under Sect States Code, to the Patent and T	ed in 37 CFR 1 ions 41(a) and (1.9(c), for purposes of (b) of Title 35, United	
(b)	Noninventor Supporting a Claim by Another [] making this statement to support	t a claim by	•	
Title 35 defined	nall entity status for purposes of paying reduced 5, United States Code. I hereby state that I would in 37 CFR 1.9(c) for purposes of paying reduced 5, United States Code, if I had made the above ide	qualify as an ind d fees under Se	ndependent inventor as ctions 41(a) and (b) of	
(c) [] [X]	Small Business Concern the owner of the small business concern identified an official of the small business concern empower identified below:		ehalf of the concern	

	cern MEDIC		
		CTUÓS GELABERT, 6-8; I	E-08970, SANT JOAN
•	CELONA, SPAIN	and	•
defined in 12 reduced fees of employees For purposes average over part-time or concerns are	3 CFR 121.3-18, and under Sections 41(a) and of the concern, include of this statement, (1) the previous fiscal year temporary basis during affiliates of each other	reproduced in 37 CFR 1.9 and (b) of Title 35, United Stating those of its affiliates, of the number of employees of of the concern of the persons each of the pay periods when either, directly or income.	a small business concern, as 9(d), for purposes of paying ates Code, in that the number does not exceed 500 persons of the business concern is the sons employed on a full-time of the fiscal year, and (2) directly, one concern controls controls or has the power to
(d) Non-Prof	fit Organization		
[]	C	ed to act on behalf of the no	nprofit organization
Name of Orga Address of O			·
TYPE OF OF	RGANIZATION		
[]		Institution of Higher Educat	ion
[] 501(c	•	Internal Revenue Service Co	
[]	States of America	or Educational Under Statut	te of State of the United
	(Name of State (Citation of Statute_)
[]	-	ax Exempt Under Internal Rocci (3)), if Located in the Un	•
[]	_	onprofit Scientific or Educat of America, if Located in th	tional Under Statute of State e United States of America)
	(Citation of Statute_)
defined in 37	1 —	dentified above qualifies as a es of paying reduced fees un	nonprofit organization, as ider Sections 41(a) and (b) of
II. OWN	NERSHIP OF INVEN	TION BY DECLARANT	
	eby state that rights und he above identified	er contract or law remain wi	th and/or have been
[] pe		[X] concern	[] organization
(item (a) or (b	o) above)	(item (c) above)	(item (d) above)

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a nonprofit organization under 37 CFR 1.9(e).

	[X] []	•	on, concern, or organization erns or organizations listed below*		
*NOTE:	OTE: Separate statements are required from each named person, concern or organization having rights invention as to their status as small entities. (37 CFR 1.27)				
Full Na Addres	ame				
		DIVIDUAL N	[] SMALL BUSINESS CONCERN	[] NONPROFIT	
Addres	SS				
ORGAN	NI[] NZATION	DIVIDUAL N	[] SMALL BUSINESS CONCERN	[] NONPROFIT	

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

IV. DECLARATION

(check the following item, if desired)

- NOTE: The following verification statement need not be made in accordance with the rules published on October 10, 1997, 62 Fed. Reg. 52131, effective December 1, 1997.
- NOTE: "The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under § 10.18(b) of this chapter. Violations of § 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under § 10.18(c) of this chapter. Any practitioner violating § 10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 CFR 1.4(d)(2).
- [X] I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

V. SIGNATURES	
•	(complete only (e) or (f) below)
(e) NOTE: All inventors must si	gn the statement.
Name of Inventor	
Signature of Inventor	Date:
Name of Inventor	
Signature of Inventor	Date:
Name of Inventor	
Signature of Inventor	Date:
(add	lines for any additional inventors who must sign)
	or
(f) NOTE: The title of the person sign	ning on behalf of a concern or nonprofit organization should be specified.
Name of Person Signing	ERVIN VESZPRÉMI
Title of Person CHIEF	EXECUTIVE OFFICER OF MEDICHEM, S.A.
(if signing or	n behalf of a concern or non-profit organization)
Address of Person Signing DESPÍ, BARCELONA, SPA	FRUCTUÓS GELABERT, 6-8; E-08970, SANT JOAN
SIGNATURE X	DATE Wav. 23, 2007